

Entered - 06/11/01 - dp
CL01L0360 - DIANNE C. MITCHELL

CLAIM OF: **ROBYN K. WALTERS**
1876 Wallace Road, SW
Atlanta, Georgia 30331

01-*P*-1379

For damages alleged to have been sustained as a result of a vehicular accident on April 25, 2001 at Cascade Avenue, SW and Avon Avenue, SW.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **ROBYN K. WALTERS** the sum of **\$937.43** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on April 25, 2001 at Cascade Avenue, SW and Avon Avenue, SW as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0360

Date: August 7, 2001

Claimant /Victim ROBYN K. WALTERS

BY: (Atty)(Ins. Co.) _____

Address: 1876 Wallace Road, SW, Atlanta, Georgia 30331

Subrogation: _____ Claim for Property damage \$ 937.43 Bodily Injury \$ _____

Date of Notice: 06/06/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 04/25/01 Place: Cascade Avenue, SW and Avon Avenue, SW

Department Police Division: _____

Employee involved Ronald W. Hudson, Sr. Disciplinary Action: Pending

NATURE OF CLAIM: The driver of the City vehicle failed to yield right-of-way to the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 937.43 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager: [Signature] Concur/date 08-07-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

JUN 06 2001

MUNICIPAL CLERK

RE: CLAIM FOR DAMAGES

Today's Date: 5-16-01

Dear Municipal Clerk:

ENTERED - 06-11-01 - DP

01L0360 - ~~OWEN BURNS~~ STANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 937.43 PLUS RENTAL CAR property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 4/25/01 2. Time of Incident: 19:50 3. Police called: ✓
(month/day/ year) Yes No

4. Location of incident (including street address): CASCADE AVE. & AUNN AVE.

5. Name of your insurance company: NATIONWIDE INSURANCE Policy No. 777 061490

6. State what and how incident occurred: I WAS TRAVELING WEST ON CASCADE AVE. OFFICER HUDSON WAS TRAVELING EAST ON CASCADE AVE. OFFICER HUDSON MADE A LEFT TURN IN FRONT OF ME. I COULD NOT AVOID HITTING THE RIGHT REAR OF HIS AUTO. HE DID NOT HAVE HIS FLASHING LIGHTS ON NOR HIS SIREN ON.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: HONDA CIVIC 1996 ROBYN K. WALTERS
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: FORD R. HUDSON POLICE DEPARTMENT
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: POLICE INCIDENT REPORT # 011152081
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Robyn K. Walters
Signature of Claimant

ROBYN K. WALTERS
(Print Claimant's Name)

1876 WALLACE RD.
(Address)

ATLANTA, GA. 30331
(City, State and Zip Code)

01-R-1379

404-827-2130 404-344-4690
(Work Number) (Home Number)